

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000400	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/23/2023
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NAME OF PROVIDER OR SUPPLIER APOSTOLIC CHRISTIAN RESTMOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1500 PARKSIDE AVENUE MORTON, IL 61550
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Annual Licensure and Certification Survey	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations: 300.610a) 300.1210b) 300.3240a)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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S9999	<p>Continued From page 1</p> <p>agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These regulations were not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to prevent employee to resident abuse for one of two residents (R26) reviewed for abuse in the sample of 26. This failure resulted in V3 (CNA/Certified Nursing Assistant) rough handling R26 during cares, resulting in R26 crying and sustaining bruises, a hematoma, and pain to the left arm.</p> <p>Findings include:</p> <p>The facility's Abuse Prevention and Abuse Reporting policy dated 12/2017 documents, "Purpose: To assure the prevention of mistreatment, neglect, or abuse of residents or misappropriation of residents' property to the extent it is in the control of the facility. Policy: Residents of this facility will be free from abuse, neglect, or misappropriation of resident property. Every employee who suspects abuse, neglect, or misappropriation of resident property will follow proper abuse investigation and reporting procedures in accordance with state and federal law. Definitions: Abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause harm, pain, or mental anguish. It includes verbal abuse, sexual abuse,</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>physical abuse, and mental abuse including abuse facilitated or enable through the use of technology. Mental abuse is the use of verbal or nonverbal conduct which causes or has the potential to cause the resident to experience humiliation, intimidation, fear, shame, agitation, or degradation. Mistreatment is defined as inappropriate treatment or exploitation of a resident."</p> <p>R26's MDS (Minimum Data Set) Assessments dated 11-13-22 and 2-13-23 document R26 is cognitively intact.</p> <p>R26's Progress Notes dated 1-3-23 at 2:19 PM and signed by V4 (RN/Registered Nurse Supervisor) document, "(R26) reported to (V6/CNA/Certified Nursing Assistant) and nurse that other staff member (V3/CNA) was jerking resident around. (R26) showed staff member some bruising on her arm. Notifications made to (V1/Administrator), (V2/Director of Nursing), (V10/Social Service Director), (V12/R26's Power of Attorney), and (V13/R26's Physician)."</p> <p>R26's Progress Notes dated 1-4-23 at 11:38 AM and signed by V5 (LPN/Licensed Practical Nurse) documents, "(R26) has two circular bruises to mid anterior forearm quarter sized. The bruise that is closer to elbow is swollen slightly presenting a hematoma. Pain when touched with facial grimacing. Resident denies pain when it is not being touched. Another circular bruise to right mid anterior forearm also the size of a quarter."</p> <p>V3's Termination Checklist dated 1-3-23 documents, "Termination Reason: Unsatisfactory performance."</p> <p>V11's (Director of Human Resources) typed</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>statement dated 1-4-23 and included in V3's employee record documents V3 did provide rough handling to the resident (R26) by improperly rolling her over, which caused significant bruising to (R26's) arm and concerns that V3 was forcefully providing cares to residents who were declining them, which is a violation of their resident rights.</p> <p>On 03/21/23 at 9:45 AM R26 was lying in bed reading a book. R26 stated, "A few months ago CNA/Certified Nursing Assistant (V3) jerked me by my arm and caused bruises. It hurt really bad. She was in a bad mood that day and was being rough. It hurt. I had turned her (V3) in for not giving me a bath and I think that was her (V3) way of getting back at me. I know the CNA was fired and no longer works here."</p> <p>On 03/21/23 at 01:00 PM V5 (LPN/Licensed Practical Nurse) stated, "(R26) had reported to me that (V3) did not wash her up. I reported (V3's) concerns to (V8/Clinical Coordinator). A few days later I was helping (R26). (R26) was very upset and reported to me that (V3) had an attitude with her after (R26) had reported (V3) for not giving her a bath. (R26) told me that (V3) was rough with her and had grabbed her by the arm roughly and caused finger-print bruises to the left forearm. (R26) told me she felt very uncomfortable around (V3) and felt like (V3) was retaliating against her since (R26) had turned (V3) in for not giving her a bath. I had only worked with (V3) one day and the day I worked with (V3) she was very argumentative."</p> <p>03/21/23 01:10 PM V8 (Clinical Coordinator) stated, "(V5) had reported to me that (R26) said (V3) did not give her a bath. I spoke with (V3)</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>and (V3) said she did give (R23) a bath and (R23) just probably forgot. I spoke with (R26), and she said (V3) did not give her a bath. (R26) is alert and orientated."</p> <p>On 03/21/23 at 1:15 PM V6 (CNA) stated, "On (1-3-23) I was working day shift with (V3). That was the first day I had worked with (V3). (V3) was very argumentative with me that day and was upset because she did not get a break. (V3) was acting like she did not want to be here and was angry. I asked (V3) to wash up (R26). Around 10:00 AM or 10:30 AM (V3) was still complaining about not getting a break. I got fed up, so I told (V3) to just go take a break and we would handle the residents. I was tired of hearing (V3) complain. Me and V7 (CNA) went in to care for (R26) while (V3) was on break. When I entered (R26's) room, (R26) had tears and said that (V3) had grabbed her roughly by the arm. (R26) said she was in pain and had fingerprint fresh bruises to her left arm. (R26) said she did not want (V3) in her room anymore. I felt terrible that I had even asked (V3) to wash (R26) up. I immediately reported (R26's) bruises and allegations to (V4/Supervising RN). All I know is (V3) never did return from her break."</p> <p>(B)</p>	S9999		